

Application Data Sheet**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD Disks::
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: A SYSTEM FOR A MULTIPLACE COTS
STRUCTURE
MAZZA1
Attorney Docket Number::
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 3
Small Entity?:: Yes
Latin Name::
Variety Denomination Name::
Petition Included:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Italy
Status:: Full Capacity
Given Name:: Tommaso

Middle Name::
Family Name:: MAZZA
Name Suffix::
City of Residence:: Teramo
State or Province of Residence::
Country of Residence:: Italy
Street of Mailing Address:: Via Armando Diaz, 8
City of Mailing Address:: Teramo
State or Province of Mailing Address::
Country of Mailing Address:: Italy
Postal or Zip Code of Mailing Address:: I-64100
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Italy
Status:: Full Capacity
Given Name:: Alfredo
Middle Name::
Family Name:: SALERNI
Name Suffix::
City of Residence:: Reramo
State or Province of Residence::
Country of Residence:: Italy
Street of Mailing Address:: Via Cesare Averardi, 5
City of Mailing Address:: Reramo
State or Province of Mailing Address::
Country of Mailing Address:: Italy
Postal or Zip Code of Mailing Address:: I-64100
Correspondence Information
Correspondence Customer Number:: 001444
Representative Information
Representative Customer Number:: 001444
Domestic Priority Information
Application:: Continuity Type:: Parent Parent Filing
Application:: Date::

This Application National Stage of

PCT/IT02/00352 05/31/02

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority Claimed::

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::